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Signature Cary Tape-McKean

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Typed or printed name Cary Tape-McKean

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\* Information required by 37 CFR 1.366(c) (columns 1 &amp; 2). Information requested under 37 CFR 1.366(d) (columns 3, 4, &amp; 5).

Item	Patent Number* Column 1	U.S. Application Number* [e.g., 06/555,555] Column 2	Maintenance Fee Amount (37 CFR 1.20(e)-(g)) Column 3	Surcharge Amount (37 CFR 1.20(h)) Column 4	Payment Year (select one below) Column 5		
					3.5 yrs	7.5 yrs	11.5 yrs
1	6793244	09/801,536	\$490		\$490		
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Subtotals: Columns 3 &amp; 4

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☐ additional sheets attached for listing additional patents.**WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on Form PTO-2038.**

Respectfully submitted, \*\*

Customer's Signature Cary Tape-McKeanCustomer's Name Cary Tape-McKeanTelephone: (310) 589-8158Registration Number, if applicable: 41,350Fax: (310) 943-2736

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**TRANSMITTAL  
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

Application Number 09/801,536 (Pat. No. 6,793,224)

Filing Date 03/08/2001

First Named Inventor NEIL STRATTON

Art Unit

Examiner Name

Attorney Docket Number CSI001

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**ENCLOSURES (Check all that apply)**

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<input type="checkbox"/> Affidavits/declaration(s)	<input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> CD, Number of CD(s) _____	
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<input type="checkbox"/> Reply to Missing Parts/Incomplete Application	<b>Remarks</b>	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Included is a Petition to Revive for Unavoidable Delay in payment of the maintenance fee, including a Statement showing the unavoidability, and Exhibits A through J. Also included is a Power of Attorney and change of Correspondence Address	

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm Name	TOPE-MCKAY & ASSOCIATES		
Signature	/Cary Tope-McKay		
Printed name	CARY TOPE-MCKAY		
Date	OCTOBER 27, 2010	Reg. No.	41,350

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Signature	/Cary Tope-McKay/		
Typed or printed name	CARY TOPE-MCKAY	Date	OCTOBER 27, 2010

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